No. 300
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FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED AUG 27 1948
Registration District No. 48-7

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 3028

State File No. 26759
Registrar's No. 188

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Jasper
(b) City or town Carthage
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 108 Meridian St.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ____ (Specify whether
In this community 65 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper 49
(c) City or town Carthage 3
(If outside city or town limits, write "RURAL")
(d) Street No. 108 Meridian 0
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country --

3. (a) PRINT FULL NAME BENJAMIN FRANKLIN HEAD

3. (b) If veteran, name war none
3. (c) Social Security No. none

4. Sex male 0
5. Color or race white
6. (a) Single, widowed, married, divorced married 1
6. (b) Name of husband or wife Jennie T. Head
6. (c) Age of husband or wife if alive 78 years
7. Birth date of deceased October (Month) 7 (Day) 1869 (Year)

8. AGE: Years 78 Months 10 Days 7 If less than one day ____ hr. ____ min.

9. Birthplace Ft. Scott (City, town, or county) Kansas (State or foreign country) 1
10. Usual occupation retired Stockman
11. Industry or business at home

FATHER
12. Name Joel B. Head
13. Birthplace Wheelington (City, town, or county) Virginia (State or foreign country) 1

MOTHER
14. Maiden name Mary Frances Reagan
15. Birthplace Jackson County (City, town, or county) Missouri (State or foreign country) 0

16. (a) Informant Mrs. Ben F. Head
(b) Address 108 Meridian, Carthage, Mo
17. (a) burial (Burial, cremation, or removal) (b) Date thereof Aug 17, 1948 (Month) (Day) (Year)
(c) Place: burial or cremation Park Cemetery
18. (a) Signature of funeral director Knell Mortuary
(b) Address Carthage, Missouri
19. (a) 8-17-1948 (Date received local registrar) (b) L. B. Clinton M.D. (Registrar's signature) 13 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 14
year 1948 hour 2 minute 30 a M.

21. I hereby certify that I attended the deceased from Aug 12-48, 19__, to Aug 14, 1948
that I last saw him alive on Aug 12, 1948;
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myo Cardites
Due to Senilety
Due to
Other conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
(Specify type of place)
While at work? (e) Means of injury

23. Signature K. E. Baker (M. D. or other)
Address Carthage Date signed 8-17-48

(Licensed Embalmer's Statement on Reverse Side)

48-8-710

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....,

working under my personal supervision.

Signed Robert H. Knell

Licensed Embalmer No. 4459

P. O. Address Carthage

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.